

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25485</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Madonna N Brennan</u> P O Box Bldg Room No if any Street <u>912 Echo Bay Court</u> City <u>Gambrills</u> State <u>Maryland</u> ZIP Code + 4 <u>21054</u>	4 Name file number and address of labor organization Name <u>Laborers Internationla Union of North America</u> Labor Organization File Number <u>000-131</u> P O Box Building and Room Number if any Street <u>905 16th Street NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5 Position in labor organization <u>Administrator</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

04/14/2006

Date

202-942-2229

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Union Labor Life Insurance Company**Trade Name if any **ULLICO**

P O Box Bldg Room No if any

Street **1625 Eye Street NW**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****9** Business deals with☒ **a** Labor Organization☐ **b** Trust☐ **c** Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing**Insurance carrier for benefits through the LIUNA Staff Health and Welfare Plan****11 b** Approximate dollar value of such dealing**\$6 900 000****12 a** Nature of interest held or income received**Throughout 2005 - various luncheon meetings regarding service claims payment and customer service issues as well as contract renewal negotiations Amount below represents approximate totals for all of 2005****12 b** Amount**\$500**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment**14 b** Amount of payment**13 b** Is the Business an Employer or Consultant ?

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Express Scripts Inc

Trade Name if any ESI

P O Box Bldg Room No if any

Street 14000 Riverport Drive

City Maryland Heights

State Missouri

ZIP Code + 4 63043

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

LIUNA Staff Health and Welfare Plan pharmacy vendor

11 b Approximate dollar value of such dealing

\$1 800 000

12 a Nature of interest held or income received

June 2005
ESI Outcomes Conference - educational conference
hosted and paid for by ESI in St Louis MO for
clients and vendors

12 b Amount

\$600

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Kaiser Foundation Health Plan**Trade Name if any **Kaiser Permanente**

P O Box Bldg Room No if any

Street **2101 East Jefferson Street**City **Rockville**State **Maryland** ZIP Code + 4 **20852****10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with☒ **a Labor Organization**☐ **b Trust**☐ **c Employer****11 a Nature of such dealing****HMO offered through the LIUNA Staff Health and Welfare Plan****11 b Approximate dollar value of such dealing****\$130 000****12 a Nature of interest held or income received****December 2005****Received unsolicited holiday gift of citrus fruits and juicer - shares gift with co-workers (See Addendum B)****12 b Amount****\$75**

Form LM-30

Name of Person Filing **Madonna N Brennan**

**ADDENDA TO THE LM-30 FORM WHICH IS TO BE
INCORPORATED AND MADE PART OF THE LM-30 FORM**

ADDENDUM A

It is conceivable that I received the benefit of a meal, refreshment, or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act (LMRDA), which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received

ADDENDUM B

On several occasions in 2005, particularly during the holiday seasons, I recall that I was given complementary items (wine and cheese basket, fruit basket, gourmet foods, etc) At no time did I solicit such item(s), and it/they were sent to my office without my prior knowledge or authorization I did not claim possession of any of these items, as I shared them with my co-workers My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed " C F R 2635 205

ADDENDUM C

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee In 2005 it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received